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LECTURES

ON THE

PRINCIPLES AND PRACTICE

OF PHYSIC,

BY DR. ARMSTRONG.

Theatre of Anatomy, Webb Street.

LECTURE 27.

The subject of Typhus Fever continued.

In my last Lecture I endeavoured to show that malaria, or marsh effluvia, is the primary source from which typhus fever proceeds, under an intermittent, remittent, and continued form, and I adduced many facts which, taken in combination, render that inference irresistible; and I have not the smallest doubt that, fifty years hence, no medical man will question this opinion, whatever prejudices now may prevent many from impartially examining the grounds upon which it is founded. At the same time I endeavoured to show, that although, as far as my own observation had extended, malaria, and malaria alone, produced intermittent, remittent, and continued forms of fever, passing and repassing into each other, yet that a fever under a continued and typhoid, or typhous character, also arose, 2d, from a local contamination, or taint of air, apparently proceeding from, or inseparably connected with, the accumulated odour of the stools, urine, breath, and perspiration, as in the crowded wards of an hospital; and lastly, that a similar form of continued fever also arose from the introduction of some peculiar matter, as in the case of certain punctures received in the dissection of bodies; or as in the case of the introduction of putrid animal or vegetable products, according to experiments made by GASPARD on the lower animals. Towards the conclusion, I entered on the question of the contagious or non-contagious nature of typhus, and adduced many facts to show, that the belief in that doctrine was extremely questionable, leaving it, however, as a subject open to your own unprejudiced and dispassionate inquiry. Having proceeded so far, I shall now enter upon the investigation of the symptoms, morbid anatomy, and treatment of typhus fever; and having considered these, I shall endeavour, from the facts in my possession, to show the probable identity of typhus fever, yellow fever, and pestis.

Typhus fever, arising from malaria, assumes three different characters, and if I were to speak from my own observation, I should therefore say, that there is an intermittent typhus, a remittent typhus, and a continued typhus, in advertence to the remote cause or occasion; but to prevent the confusion which might arise from the adoption of a new nomenclature, I shall call the first form *intermittent fever;* the second form, *remittent fever;* and the third form, *typhus fever*, as this is more accordant to the common phraseology; only let it be distinctly understood, that I consider these as modifications of one and the same affection, which arise from the same cause, and which pass and repass into each other, the intermittent into the remittent form, the remittent into the continued; and, again, the continued into the remittent, the remittent into the intermittent, as I have repeatedly seen.

Intermittent Fever.

The first form of typhus is that usually called *intermittent fever*, or *ague*, which is distinguished by its

having three successive stages, namely, a cold stage, a hot stage, and a sweating stage. In the first, *or cold stage*, the surface of the body becomes universally cold and shrivelled, or rather contracted and drawn together like goose skin; the patient generally shivers, the teeth chatter, and he complains of uneasiness, more or less, in the epigastrium or back; his breathing is oppressed, his pulse small and weak, and sometimes he is affected by nausea, retching, or vomiting. He huddles himself, as it were, together, creeps towards the fire, or wishes for additional covering, and feels a great deal of langnor and lassitude. The duration of this cold stage is very various, sometimes continuing a quarter, a half, or three quarters of an hour, and sometimes, even longer; it terminates in what is called the hot stage, when the skin becomes hotter and drier than natural, the pulse strong, the tongue furred, the cheeks flushed, the eyes bright, and the patient generally complains of some uneasiness in his head. This stage, like the cold one, varies in its duration, sometimes continuing for one, two, three, or four hours, and in like manner passes away and is followed by another, namely, the *sweating stage*. The patient begins to perspire first about his head, then on his breast, and lastly over the trunk and whole body.—After which, the perspiration ceasing in one, two, three, or four hours, the pulse and heat falling to the natural standard, the patient seems as well as before, except that he is a little paler, that his tongue is slightly furred, that he is somewhat sallower, has a somewhat feebler pulse, and a slight appearance of debility. The peculiarity of the intermittent fever, or ague, is this: there is a succession of the cold, hot, and sweating stages, which, after an intermission or absence of fever, return at certain intervals, by which is meant, the time occupied from the commencement of one cold stage to the commencement of the next cold stage. Where the interval is twenty-four hours, the ague is called a *quotidian;* the patient, say, being seized with shivering this morning, he will be seized at the same time to-morrow. If the interval be forty-eight hours, then it is called a *tertian* ague; if the interval be seventy-two hours, it is called a *quotan* ague. It is stated, in systematic works, that the shivering fit of the quotidian occurs in the forenoon, of the tertian at noon, and of the quartan in the afternoon. This is certainly sometimes the case, but the period is very irregular, and the only distinction is that of the cold, hot, and sweating stages recurring once in the twenty-four, forty-eight, or seventy-two hours. Each of these is followed by what is called an intermission, by which is meant, that portion of time which intervenes between the termination of the sweating stage of the one paroxysm to the commencement of the cold stage of the next; in a word, it is that portion of time in which there is an absence of the fever. The internal pathology of ague is that of *simple* fever. There is first the stage of depression, or the cold stage; secondly, the stage of excitement, or the hot stage; and thirdly, the stage of collapse, or sweating stage. In the first, the patient labours under a slight degree of venous congestion, which is followed by re-action, forming the second, in which the blood is so equally distributed throughout the body that no inflammation takes place, and the excitement is terminated by the sweating stage, without the occurrence of inflammation, all the organs of the body having been excited, but none inflamed; that is to say, intermittent fever exists without the occurrence of *acute* or *subacute* inflammation, for, as far as I have observed, if acute or subacute inflammation arise during the excitement of the hot stage, the fever then changes its type, and becomes remittent or continued; but the slow supervention and continuance of chronic inflammation is not incompatible with the intermittent form of fever.

Treatment of Intermittent Fever.

With respect to the treatment, it is generally very simple. If called to a patient whilst in the cold stage, the object is to remove that, and induce the hot stage, which is best effected by the use of the warm air bath, of a full dose of opium with a little brandy and warm drinks. Where the air bath is not at hand, lay the patient between

warm blankets, put bottles of warm water to the feet, and a bladder of warm water to the pit of the stomach. If consulted in the hot stage, you then must reverse this treatment: cover the patient but slightly, sponge the skin with tepid water, give an aperient, a little calomel with rhubarb, followed up by cold drawn castor oil, and cooling drinks may be then allowed; but when the sweating stage commences, the patient must be supplied with tepid bland liquids, and when that stage has ceased, the skin should be wiped dry, the personal linen and the sheets of the bed should also be changed. But supposing that you are called before the commencement of the cold stage, say about half an hour before the return of the next cold stage, the best thing you can do then is to give an emetic, and after its operation a full opiate, the combined influence of which often prevents the return of the cold stage. But we will next suppose that you see a patient, for the first time, at the conclusion of the sweating stage, what then must be done? Simply exhibit about one grain of calomel with about three grains of rhubarb at night, and one or two drachms of cold drawn castor oil on the following morning; but during the intermission, give gr. v. of the sulphate of quinine, thrice before the expected period of the return of the cold stage. If the bowels be kept regular by the mild measures already mentioned—if the patient remain at rest, and if the diet be spare and plain, the sulphate of quinine will always succeed; at least, I have used it in upwards of *forty cases*, and never knew it to fail, except in a single instance, where a protracted ague was combined with an organic affection of the liver. An unexpected shock given to the nervous system, by good or bad news, will sometimes remove ague; and it is well known that, on similar principles, ague is often cured among the poor by the pretended efficacy of charms, which act powerfully on uninformed minds; and hence, in ancient times of ignorance, most physicians were among the greatest humbugs in the world; but now, the general character of the medical profession is distinguished by honourable bearing, by that simplicity and purity which constitutes the true—the only dignity of medical character.

With the aid of the quinine, there is no occasion to give arsenic, but if you should ever use it, do so very cautiously, beginning with gtt. iij. of the liquor arsenicalis three times in the day, and very gradually increased. It should always be given after a slight meal, never on an empty stomach, for then it sometimes produces great irritation. But I may remark here, that I have cured several cases of ague without bark or arsenic at all, merely by calomel purges, by rest in bed, and a bland diet; but the cure is rapidly accomplished if, to this plan, you unite the employment of the quinine. Take care, however, not to continue the calomel too long, lest you affect the mouth. When the return of the paroxysm has been prevented, keep the patient quiet for some time afterwards. It often happens, however, especially in London where individuals are predisposed to inflammation, that during the stage of excitement of an intermittent, that inflammation does arise, and then the intermittent fever becomes remittent or continued, according to the degree or extent of that inflammation.—Shakspeare, not only one of the most accurate but extensive observers of nature, seems to have been fully aware, that an intermittent form of fever passed into a continued form with all those symptoms attendant upon the latter, which we now appropriate to typhus, for he makes Mrs. Quickly describe the last illness of Sir John Falstaff as a quotidian tertian at the commencement, what we now call a double tertian, winding up as a continued fever of the typhus kind, the symptoms of which are most beautifully and correctly enumerated, indeed with all that colouring of truth which belonged so peculiarly to that great painter of human nature.

But though the remittent may arise out of the intermittent, yet it sometimes occurs as an original form of typhus arising from malaria, that form which shall be next described.

The Remittent Fever.

The remittent fever, as I have just stated, sometimes arises out of the intermittent, and at other times it ap-

pears, from the beginning, under its true characters. Now what are the *characters* of the remittent fever? In the first place, the cold stage is absent. The patient grows hot most frequently about the afternoon or evening; the heat continues to increase generally for several hours afterwards, the pulse being quick, the face flushed, and the eyes bright, though they always have a heavy unintellectual expression. Usually about four, six, or eight o'clock in the morning, the fever abates, and entirely leaves the patient for four or six hours. In that remission, there is either a moist warmth of the skin, or a perfectly cool skin without moisture; the tongue being then moist, but having a fur of a dirty white or yellowish colour. His pulse, compared with that in the febrile paroxysm, is not only many beats less, but is much softer, and the patient feels altogether more comfortable, except in those cases where an excessive collapse follows the hot stage. In this remittent form, the brain or its membranes, the bronchial or intestinal lining, are all more or less affected, as shall be subsequently explained. But meanwhile, what is the *treatment* of this remittent form of fever? It is, like that of intermittent, by no means complicated. Give the patient from about a grain and a half of calomel, with three or four of rhubarb, and on the following morning administer about one, two, or three drachms of cold drawn castor oil; let him have rest in bed, and adopt a farinaceous diet; surround him with a fresh atmosphere; do all these things, I say, properly, and he will almost invariably recover. But if he should complain of aching in the head, a few leeches may be applied to the temples; if there be any uneasiness on pressure made over the stomach or intestines, and if the tongue be red at the tip and edges, then let leeches be applied cautiously to the epigastrium or abdomen, till the pain on pressure be removed. Six or eight leeches, repeated once or twice, will generally be sufficient to remove, with the other means, that low degree of inflammation which is so apt to exist on the mucous lining of the small bowels. If the remissions be distinct, if the skin be warm and moist, or cool without moisture, if the pulse be soft and slower, and if the surface of the tongue be moist, then give the sulphate of quinine in small doses, two or three grains every hour, while the remission lasts. This not unfrequently arrests the fever at once, or mitigates it remarkably. Yet always narrowly watch its effects, for if it increase fever or create pain, it ought to be withdrawn. Before I knew the value of quinine, I gave an infusion or decoction of bark in such cases, in which the powder almost always does harm, by irritating the mucous membrane of the stomach or intestines. In the remittent form of fever, some symptoms of inflammation exist, yet in a slight degree, as not to preclude the use of the quinine infusion, or decoction, provided the remissions be distinct.

There are some cases of remittent fever which require the use of wine. The patient, for example, is seized by an excessively hot stage, which occurs in the evening, and which continues through the night; suddenly in the morning, it leaves him with a pallid face, a sunk eye, a blueish lip, a weak respiration, a cold skin, and a feeble, nay, thready pulse. If the patient be not supported by wine under such circumstances, he sinks and dies with great rapidity, so overwhelming is the stage of collapse. While the collapse continues, you must keep the patient flat, you must lay him between warm clean blankets, apply bottles filled with hot water to the feet, bladders of the same to the epigastrium; you must tuck the clothes closely under the chin; you must admit plenty of fresh air, and give wine moderately till the pulse rise, and the skin become warm. One example of the utility of this practice occurred in the Borough about two years ago; a pupil had typhus under a continued form, and his sister under the remittent form. She had been ill several days, and when I saw her, she was on the point of expiring, in that stage of collapse or exhaustion which has been described. I gave her wine repeatedly, till the pulse became expanded and the skin warm, and it certainly saved her life. The removal of the collapse is the thing to be accomplished; that being done, do not

continue the wine, lest you give rise to re-action of a febrile kind. Some years ago, when I was physician to the Fever Hospital, a man who had had the remittent form was brought in apparently expiring, his skin cold, his pulse faultering, and even failing, his face ghastly pale, his breathing weak, short, and every now and then interrupted by what the nurses call the dead rattles. Some wine was poured down his throat, he took bark afterwards, and recovered. Never, therefore, give up any patient as utterly hopeless.

Continued Typhus.

The remittent form of typhus fever often passes into the continued form; but the continued form of typhus commences originally as such in many cases. When the continued form of typhus commences as such, it usually begins in one of three modes; in each the patient generally has a cold stage, sometimes slight, but sometimes as severe as in the intermittent form of the fever. That passing away, in the first continued form the skin becomes excessively hot and dry, the pulse round and resisting; the tongue whitish or yellowish, but moist; the face flushed; the eye bright and ferrety; the respiration hurried, and the brain or membranes are so much affected as to indicate an acute inflammation there, if no other part be similarly disturbed. This first continued form commences as a most ardent fever, and this is the form which is seldom met with except in young and robust subjects. The symptoms before specified, go on for five or six days, if they do not terminate fatally before that time, and then the fever undergoes, gradually or suddenly, a remarkable change. The heat begins to fall, the pulse becomes comparatively soft, and compressible, the lip and cheek assume a dusky appearance, the respiration becomes weaker, and the tongue grows dry, and is covered with a brown varnish. The principal cause of this change is the occurrence of that special bronchial affection with which typhus is invariably attended, and which I shall afterwards more particularly explain.

The *second* form of the continued typhus is *intermediate*. The fever is less ardently developed, the skin is not so hot, the pulse is not so round and resisting, and the head is less intensely affected. The tongue for several days remains moist, and is coated with a whitish or yellowish fur on the centre, but its tip generally redder than natural, and an accurate observer might detect some traces of irritation of the mucous lining of the bronchia, there being usually some cough occasionally, and the other signs. This form, however, also undergoes a change, generally in six or eight days; the heat begins to fall, the pulse becomes softer and more compressible, the tongue is at length varnished with a brownish fur, and the patient's strength is much diminished, for he lies on his back, and pants or heaves when he answers questions.

The third form is the *extreme*. Now what takes place in five, six, or eight days in the first and second forms just described, takes place at the very onset of the third form. The special bronchial affection is developed almost immediately, the tongue growing glazed and brown in twenty-four hours after the attack; the pulse soft and compressible, the voice weak, the position sunk, the nervous and muscular power prostrate. I suppose, this is what the older writers called typhus gravior; but I confess that I do not know what is meant by the terms typhus mitior and typhus gravior, except that these words imply a difference in degree, having no allusion to that internal pathology which is the cause of all the varied symptoms.

These are the three forms which continued typhus fever assumes under ordinary circumstances; and as there is hardly any affection which makes a stronger general and local impression upon the system, it is necessary, before proceeding further, to give an insight into its morbid anatomy, for without a knowledge of that, you will never be able to comprehend any thing like its true pathology. If you were to consult most of our nosological or systematic works, you would be informed that the patients died from typhus, a summary and precious piece of information. The barber, in the Arabian Tales, in examining the

body of Hunchback, observes, that "no man dies without a cause;" but had he lived now-a-days, he would have found that he was mistaken; he would have found that many persons now die without any sufficient cause, that they die, in short, nosologically; die of certain mysterious sounds, breathed by the mighty magicians of speculative absurdities. But the truth is, that no disorder leaves more extensive traces after death than typhus fever.

Morbid Anatomy.

If you examine the body after the fatal termination of typhus, you will find the following appearances where the affection has run its accustomed course. The pia mater is considerably surcharged with blood, the arachnoid milky or opaque in some places, and an effusion of a serous fluid between them, and sometimes spots of lymph, while the substance of the brain itself, when cut, exhibits more bloody points than natural. Hence we infer, that inflammation of the membranes before named and of the brain had existed during life. These appearances within the cranium are very constant. The spinal cord, or its membranes, have been found in a similar state in all those cases where I have seen it laid open, but the difficulty of doing this has prevented me from making very many such examinations. The bronchial lining is always very much injected with dark blood, and besmeared by a sticky secretion or varnish, and if you take a sponge and wash that sticky secretion off, the bronchial lining becomes of a brighter red, showing that the air then comes freely in contact with the blood, which it had not done before. This secretion is generally less copious than that of common bronchitis, but more tenacious, and therefore more effectually excludes the air. If you extend your examination further, the liver will often be found gorged with black blood, especially where calomel had not been given, the superior and inferior mesenteric, with the splenic veins, being also loaded with blood. Sometimes the liver exhibits vestiges of previous inflammation, but that is rare. The lower part of the mucous lining of the ileum is always inflamed, and generally ulcerated, where typhus has terminated after or about the third week. Occasionally the mucous membrane of the stomach is red, thick, and pulpy, and also that of the colon. Some of the mesenteric glands are red and swollen. The affection of the pia mater, arachnoid, and brain, that of the bronchia, and of the ileum are constant, and if to these you unite the dry husky state of the skin, which usually attends protracted typhus, you have at once a pathological view of those conditions which require attention in practice. Besides, these appearances explain all the symptoms of continued typhus. The inflammation of the membranes of the brain, and of the brain itself, is marked by all those signs which I before enumerated, and I might make the same remark in reference to the affection of the spinal cord, of the bronchial lining, and of the lining of the ileum. The diagnosis of continued typhus lies, first, in the combination of the symptoms, namely, that combination which indicates the co-existence of the affection of the brain, bronchial and intestinal lining, together with a disordered condition of the skin, and usually a vitiated secretion of bile; and, secondly, the diagnosis lies in that remarkable change which sooner or later occurs in that perfect development of the special bronchial affection attended by a brownish varnished tongue, sordes about the teeth, a peculiar subacute empyreumatic smell, a dusky lip, and either a dusky cheek, or a livor mixed with pallidity; while the pulse grows soft, the respiration weak, generally with some cough, the heat becomes more subdued on the surface, the patient lies upon the back, becomes more muddled in the brain as the disorder advances, and, in fatal cases, at last insensible. As far as I am capable of judging, the special bronchial affection exercises a great influence by preventing the common changes of the blood, which is found darker than natural; no typhoid, or typhous fever of the continued form, ever existing without this bronchial affection, which is usually insidious at first, but becomes more and more marked in the progress of the disorder. It would, however, appear, that some morbid

conditions of the blood must exist from the beginning, else why in all cases should the brain, bronchial and intestinal lining be uniformly affected? If other structures be found inflamed, it may be considered rather an accidental than a constant occurrence.

The first form of continued typhus sometimes terminates fatally in a few days, so does the third, but the second generally runs a course of about three weeks, which may be considered the most common period for continued typhus, when not stopped at the onset; but it ought to be recollected, that whatever may be done in many cases, this affection goes on, having a sort of determinate duration, being, in fact, what the old nurses so emphatically call a one-and-twenty-day fever. Sometimes, it must be confessed, this disorder is less or more protracted, but, unquestionably, the above named is the most common period of its duration. Having made these observations, I shall advert to the

Treatment of continued Typhus.

Now as to the treatment of continued typhus, you will at once anticipate that it must be varied according to the circumstances. There is one thing very dreadful in the treatment laid down by the writers of nosological systems, which is this—that they prescribe merely for a name, such as for scarlatina, measles, hooping cough; affections which they describe under one uniform character, as if they were the same under all circumstances, while the pathology is so purely symptomatical that we have little or no insight into that anatomical pathology which is so truly valuable. When any man asks me roundly, "How do you treat typhus fever?" I suspect immediately that he is a nosological physician, otherwise he would put a succession of particular questions. In the first form, nothing can save the patient's life but decided bleeding at the beginning; but be sure to recognise that form. In it the skin is very hot and dry, the pulse rapid, and hard as a cord, the tongue moist, but furred, and the brain actively inflamed. Last year, a solicitor, a friend of one of my pupils, was attacked in this manner, and in three days we were obliged to bleed him to the amount of 100 ounces of blood before the violence of the phrenitis was removed. This is the largest quantity which I have ever ordered to be drawn in genuine typhus. In this particular case, it ran a mild course afterwards. In another similar instance, about 50 ounces of blood proved sufficient, and sometimes less will reduce the cerebral inflammation, provided other auxiliaries be properly employed. The head should be elevated, the hairy scalp shaved, and cold applied to the whole surface of the head, so long as it remains hotter than natural. The bowels should be daily opened by calomel and rhubarb, assisted by cold drawn castor oil. The apartment should be kept cool and rather dark, and the diet should be excessively spare as long as the urgency of the fever lasts. The period is very brief in which venesection can be beneficially used in the first form of continued typhus; only, I repeat, while the skin remains intensely hot, while the pulse remains expanded and hard, while the tongue is moist, and while the brain or some other part is acutely inflamed at the same time. These symptoms must guide you, and be sure therefore to remember them perfectly, otherwise you may commit the most serious mistakes. When the special bronchial affection has once fairly set in, when the tongue has become dry and glazed, the pulse soft and compressible, the heat less high on the surface, the breathing so weak that the patient pants and heaves when he answers questions, then be extremely cautious how you abstract blood, even locally, never, in short, do it in that mode without attentively watching its effects, for if you bleed the patient at that period too repeatedly by leeches, the consequences may be mortal. Mild aperients, fresh air, quietude, and a bland diet, with cooling drinks, are the measures upon which, at that time, you must mainly rely.

For the middle and advanced stages of most of the ordinary cases of typhus fever, mild calomel purges may be almost considered a specific, where no organic derangement has taken place. But what treatment is to be adopted in the second or intermediate form of continued typhus? Early and mode-

rate venesection will generally suffice to lessen the cerebral affection, so that the disorder will afterwards yield to mild means. This is the form which has so repeatedly attacked my pupils. One or two moderate bleedings from the arm, as many present know very well, have generally answered an excellent purpose, before the tongue became dry and glazed; and after that period, cautious leeching, where the pain in the head, or where pain on pressure over the epigastrium or belly demanded such a procedure, the subsequent practice being very simple and gentle. In truth, when the bronchial affection once exists, with a glazed tongue, the treatment cannot be too gentle, except subacute inflammation require a deviation, and then even that should be discreetly made.

In the third form of continued typhus, that which sets in with the bronchial affection, the pulse is soft, the skin is not very hot, the tongue is dry, brown, and glazed, the voice and respiration weak, the muscular power prostrate, and the lips dusky. In all such cases, avoid general bloodletting. A servant was seized with this form of typhus, about the same time as the solicitor whose case I before related, and though in her the brain, the bronchial lining, the mucous membrane of the stomach, and of the ileum, were all inflamed, yet I am sure that the loss of eight ounces of blood would have destroyed her, yet, you know, the solicitor lost 108 in all, with great advantage. But the circumstances were entirely different, the one being not only an acute but an active inflammation, the other being not only a subacute but a passive inflammation; passive, because the heart's action was subdued by the influence of a special bronchitis, by the circulation of a dark blood on the arterial side, as before explained. This girl recovered by cautious leeching, with mild calomel purges, aided by a fresh atmosphere, lemon juice, and light diet. Cases of this kind are sometimes insidiously announced, persons continuing to go about for some days, with a pale countenance, a dropping of the eye-lids, a somewhat glassy eye, yet a dull intellectual expression, a furred tongue, an uneasy head, and a languid look and manner, with loss of appetite and wakefulness or disturbed sleep. If they continue to go about too long, they frequently sink at once, and sometimes die rapidly. Remember what I before remarked—never allow a patient to walk about with the incipient signs of fever upon him. Always enjoin rest in the horizontal posture as soon as possible. It saves the strength, nay it often saves the life of the patient. In this third form, at the commencement, when the patient complains of constant pain in the head, or when he has a red tipt tongue, with pain on pressure over the stomach or bowels, a few leeches may often be applied with advantage to the temples or abdomen; but remain with the patient that you may watch their effects, and be sure to restrain the bleeding from the punctures before you take your leave. If the pulse sink, and the respiration becomes anxious, you may be certain that the loss of blood cannot be further sustained at that time; if you have any doubt on the subject, always lean to the side of caution in such cases, for in them more lives are lost by doing too much than the contrary, in the way of medical management. In these and other delicate cases, it is important to ascertain the effects of an erect position. When patients, for instance, complain of dimness of sight, giddiness, sickness, or faintness, and where they turn pale and labour in the breathing, when they get up to the night-chair, or as they sit upon it, never allow them to rise again, but let them pass their stools or urine in the recumbent position, for where the erect one produces the symptoms just mentioned, patients are apt to lapse into syncope if they sit long; and fainting then, there is sometimes scarcely an appreciable interval between the syncope and death:—if the patient should recover from that syncope, it generally gives such a shock as to lead to serious consequences in the last stage of exhaustion. The accumulation of offensive fæces is very extraordinary in typhus, and requires to be dislodged daily in most cases; but from the time that the tongue assumes the glazed and brown varnish, the evacuation should be duly regulated according to the pa-

tient's powers. I have seen many patients lost from excessive purging in the advanced stage of typhus. If ever you observe blood in the stools, you should always omit the aperients, which, by irritating the mucous membrane, are then hazardous. Do not forget what I formerly stated in regard to intestinal hæmorrhage, since it is by no means uncommon in typhus, and unless patients be rightly managed then, they have but a slender chance; whereas if you omit the aperients, keep them recumbent, adopt a light diet, and surround them with a fresh atmosphere, the majority of examples will do well. When jactitation occurs, when the patient is sleepless, when he constantly changes his place and position, opium is sometimes useful even where the tongue is parched and glazed and brown. But unless you have this conjunction of symptoms, avoid its exhibition in typhus. In one recent work, the pharmacologia of Dr. Paris, small and repeated doses of opium are recommended in typhoid or typhous fevers; but like many of the other directions respecting the practical application of medicines in that work, this is erroneous, and, indeed, so very dangerous, that if adopted it would generally prove fatal. It is my duty, therefore, to warn you against such errors, so very common in the compilations of the day, which, though destined to pass into oblivion, may do much harm in the mean time, since the assertions which they contain are mostly made with a confidence fully proportioned to their fallacy.

In every form of continued typhus, bark is prejudicial, and I am bound thoroughly to protest against its exhibition, since it has the sanction of some of those schools and colleges where ancient rather than modern medicine is taught or supported. If upon some occasions I have spoken decidedly against certain medical establishments in this country, it is because they do not participate sufficiently in the liberal and enlightened spirit of this age and country; and being aware that some able and excellent persons belong to them, it is against measures, and not against men individually which I would declaim in this and every other topic connected with the medical art. Not only bark, but wine is still recommended by many authorities in continued typhus; but in general it does a great deal of harm, increasing the heart's action, and aggravating all those local affections with which typhus is complicated. Yet to this observation there are some remarkable exceptions. In the advanced stage of typhus fever, when the pulse becomes feeble, the skin cool, the respiration embarrassed from debility, and especially when the patient is at the same time restless, a little wine given now and then is extremely useful in alleviating or removing some or all of the forementioned urgent symptoms. When a stimulus is necessary, none is so good as wine. It is at once grateful and refreshing. Whereas most of our medicated stimuli are disagreeable to the taste, and not unfrequently nauseate the stomach, and in that way rather depress than sustain the powers of life. In all critical cases, it is of great consequence not to offend the stomach, and hence it happens, that life is often lost from the too frequent repetitions of certain drugs. It is a long time before a man learns to be simple in his prescriptions. At all events when you trust to wine, avoid the mixture of medicines. As, however, the first exhibition of wine in the last stage of continued typhus is always an experiment, be sure to make it with becoming care, so that if you do no good by it, you may avoid any material mischief. Give it at first in tea or table spoonfuls till you ascertain its effects. If the skin become hotter, the tongue drier, the pulse quicker, the breathing more hurried, and if the patient become either more oppressed or more restless, wine does him harm; on the contrary, if the skin become only of a genial warmth, the tongue moister, the pulse slower and stronger, the respiration deeper and more tranquil, and if the patient become less oppressed or more tranquil, the wine does good. But, generally speaking, if you pursue a right plan in other respects, you will seldom have occasion to prescribe wine in continued typhus.

Fresh air is the best cordial in all cases of fever where the tongue is

glazed and brown. It is then, indeed, the most vital food. The sticky varnish on the bronchial passages excludes the air, to a certain extent, from coming in contact with the blood when propelled from the right side of the heart, and presented, if I may use such a word, to the atmosphere which we inspire. By consequence the blood is not sufficiently decarbonized or oxygenated; a sort of venous blood is returned to the left side of the heart, which, circulating through the system, muddles the brain and masks the muscular power in continued typhus, which makes that word so expressive of its nature, as if it were a smoky or smothered fire in the system. This special bronchitis is the reason why patients require a constant supply of fresh air from without, but in the last stage, you must be sure to keep them properly covered, that the surface may not be chilled. In the earlier stages, however, when the heat is higher than natural, the body should be very lightly covered, tepid ablutions should be occasionally used to cool the surface, and the temperature of the apartment should never be higher than 60 degrees, if practicable. Last summer, an old gentleman who honoured me by being a pupil, had an attack of typhus, at the West end of the town. It put on a most malignant character; his mouth was black and his skin spotted, sprinkled with purple petechiæ. I placed the bed diagonally in the room, so that a current of fresh air passed directly over the patient through an open door and two open windows, a nurse having been placed constantly at the bed-side to regulate the covering, so as to keep the surface of a natural warmth. Under this supply of air he recruited apace, and I have seen several examples of a similar nature, where the same procedure was equally successful.

When the tongue is brown and baked, diluted lemon juice is often very beneficial, provided it does not irritate the bowels so as to occasion uneasiness, or provoke watery evacuations. Next to that in efficacy, I would rank the solution of chlorine, or what is commonly called oxymuriatic acid, a drachm of which, or a drachm and a half, may be given, largely diluted with pure water, in the course of twenty-four hours, observing the same limitations as prescribed for the employment of lemon. When the latter is given in the common drink, you should not allow any other fruits to be infused in the water, but you should be especially mindful not to permit the patient to eat any fruit which contains skin, seeds, or fibres, since all these are very liable to create irritation on the mucous membrane of the stomach or intestines. You must not only pursue a similar simplicity with respect to diet, which while the skin is hotter than natural should be farinaceous, but you ought to adopt a like plan in regard to medical prescriptions, even avoiding saline draughts or mixtures, when they produce watery stools.

On some occasions, I have known a constant nausea maintained by too large a supply of farinaceous and other food, the stomach and bowels being distended by flatus. In these cases, the substitution of a little chicken tea, morning, noon, and evening, with a few grains of carbonate of soda in a little almond milk often has an excellent effect. The truth is, that many patients are worried to death in the last stage of typhus by being crammed too frequently with food or physic, or by being so incessantly disturbed with the mistaken attentions of their friends, that the stomach is allowed no respite—the brain no repose in sleep. In many of such cases, we can support the strength best not so much by positive as by negative measures—not so much by administering diets and medicine as by the avoidance of all unnecessary demands upon the strength. Learn rightly to appreciate these seemingly little things, if you wish to practise successfully in the advanced stages of febrile disorders, particularly where they have proceeded from peculiar causes.

Continued typhus once fairly formed has a determinate duration under its most frequent or second form; and the medical man who attempts to stop it by the employment of active measures day after day will lose a large majority of his patients; while another, who confines the active treatment to the first few days of the at-

tack, in order to moderate its character then, and who treats it very mildly afterwards, will save a large majority of his patients. Though I have been studying the practical application of remedies at the bed-side for upwards of twenty years, and though the remedies which I employ are few and simple, yet I find that I learn to prescribe them with greater precision every year; and once for all, let me advise you to be still more and more minute in your observation—still more and more studious in striving to adopt the means to the end, having previously acquired distinct pathological principles.

It frequently happens, in the last stage of continued typhus, that the urine is retained, especially when the brain is much affected, or when the bowels have been neglected. In such instances, the patient either lies upon his back and moans incessantly, or he is in great general distress, and is liable to attacks of coldness; and in such cases, there is a tumour above the pubis, and the linen is mostly wet from the dribbling of the urine. The life of the patient may be often saved by drawing off the water by a catheter, once or twice a day.

Having thus far illustrated the pathology and treatment of typhus, I may with propriety say a few words respecting the prognosis.

Typhus fever is the least dangerous in children; in them it generally puts on a mild continued form, and what is remarkable, that continued form, in them, shall sometimes be unattended by any sign of inflammation, a circumstance which is not observable when it occurs in the adult, and which, perhaps, can only be explained by the greater degree of sensitiveness in the nervous system of children. In young men, typhus is seldom fatal, if rightly managed from the beginning. Since October 1821, when I first commenced lecturing here, I have attended many medical pupils in the Borough for this affection, and they all recovered, though in two examples, from overcramming in convalescence, relapses took place and proved mortal. The body is so debilitated when typhus runs its usual course of three weeks, that the greatest care is necessary till the strength be confirmed. Indeed I have seen, upon the whole, more death from relapses than from original attacks. The average of mortality in persons between 25 and 40 years of age, is about one in thirty; but of course I confine this remark to cases treated properly from the very commencement, for the ratio of mortality in my practice, when called in at the advanced stage of continued typhus, has ranged from about one in six to one in twelve, for some years past. But under the ordinary modes of management, under the extreme evacuations used by many young practitioners, and the extreme stimulation used by many old practitioners, the mortality is much larger in the advanced stage of continued typhus.—The anxiety of practitioners, and the anxiety of attendants, too frequently prompts them to do more than is needful at such a period; but let me once more advise you to remove opposing circumstances, and to avoid the mischief which results from the *nimia diligentia* of merely medical prescription. The state of the mind, it ought to have been observed, has great influence upon the issue of typhus. If the attack come on when the mind is suffering from any great calamity, it is most frequently fatal. For the most part, on this principle, it is more dangerous among people of cultivated than uncultivated minds, and also among parents than servants. It is of the utmost consequence, in conducting the treatment, not only to conceal every circumstance from the patient which might disturb the mind, but to administer, confidently and consolingly, the daily assurance that the case is going on well, whatever may be the prognosis given to the friends, whose conduct should be equally encouraging to the sick. Typhus is very dangerous to old and debilitated persons, for in them the bronchial affection is apt to be so severe as generally to endanger their lives, particularly if the case be neglected or mismanaged in the commencement or earlier stage.

Concerning that form of continued typhoid, or typhus fever, which arises not only from the putrid effluvia of drains, or from the contaminated air of hospital wards, but also from the introduction of some putrescent mat-

ter, as in the case of puncture from dissection, the treatment requires to be regulated by the same plans as already laid down; but the locally attendant affection of puncture must be soothed by an emollient poultice in the first instance, and the arm laid in an easy position, which best favours the return of venous blood; and if in the progress of that affection any matter should form there or elsewhere, it must be let out by a free incision, especially if there be any tension about the part. As in this typhoid or typhus form of fever the bronchial affection generally sets in at an early period, be on your guard against too free evacuations, which I know from experience are then exceedingly injurious.

The intermittent, remittent, and continued forms of typhus, which pass and repass into each other, may be considered as the regular effects of malaria, or marsh miasm, which exists in various situations; but this subtile agent sometimes produces attacks of congestive fever, in which the patient is at once stricken down, and, in fatal cases, dies either without any reaction at all, or with an imperfect one, as before particularly described, when I considered the various modifications of common congestive fever. Occasionally, in this country, malaria gives rise to the symptoms which constitute the cholera morbus of nosologists, and then, when patients do not sink under the first shock, a fever is developed with the peculiar characters of typhus.

When I had satisfactorily ascertained that malaria was the primary source of what is commonly called typhus fever, I was led to reflect on the phenomena of what have been usually designated the yellow fever of the West Indies and the pestis of the East, and from an impartial consideration of the facts which have fallen under my own observation, and from those which have been communicated to me, I have every reason to believe, that yellow fever, pestis, and typhus fever arise from the same source, and, are, in truth, modifications of one and the same disorder, as I shall now endeavour to show their probable identity by a detail of facts.

The vagueness of medical language is well known. The science abounds with abstract words, which having never been distinctly defined, different meanings are attached to them by different individuals. The term *yellow fever* is one of these, and, in fact, it has been applied, not to one affection, but to various affections. It appears to me, that no less than three affections have been comprehended under this term. If in a hot climate a patient be seized by common inflammation of the liver, in its progress the skin is liable to become yellow, and from that symptom it has, by some, been called the "yellow fever." If a number of Europeans, for the first time, visit the West Indies, many of them, on their arrival, are apt to be attacked by an ardent form of fever, which has been ably described by Mr. DICKENSON under the name of "the inflammatory endemic of the West Indies." In the progress of this fever, the skin not unfrequently becomes yellow, and therefore it has also been called the yellow fever, and formerly it was thought to be contagious, from the circumstance of many persons being attacked, successively or together, for example, on ship-board. But it has been satisfactorily proved, I think, that it arises from the high temperature operating upon *unseasoned* constitutions, and the circumstance of many persons being attacked about the same time or in succession, depends, first, upon their predisposition, and, secondly, upon their being exposed to the same exciting cause, namely, an elevated temperature. Persons seasoned to the climate escape this kind of fever. To a mind deeply imbued with the doctrine of contagion, it is seen everywhere; but recollect, it has been well observed, that what appear to be *facts* are often only *opinions*—aye, opinions, by which the facts are discoloured or concealed. Lastly, what has been called yellow fever arises from malaria or marsh miasm; it has intermittent, remittent, and continued characters, passing or repassing into each other. It is to the last-mentioned form that I would appropriate the term yellow fever in this lecture. Now yellow fever, under this signification, sometimes occurs in this country. In 1814 I saw seve-

ral cases, some of which were fatal, and the patients had the black vomit, and died with skin as yellow as gold. In 1818, I saw also several cases in which the skin became yellow, and in which the black vomit appeared, and since that time I have occasionally met with cases where the skin has been tinged either of a saffron or a lemon hue. The saffron hue generally arises from the absorption of bile, which is then found in the urine; the lemon hue generally arises from universal relaxation, with some change probably of the blood, and then the urine is pale. An intimate and intelligent friend of mine, who resided long in the West Indies, has repeatedly traced this form of yellow fever to malaria, and has found, as I have done with respect to the typhus of this country, that it arises from the same source, that it has an intermittent, a remittent, and a continued character. Sometimes, in this form of yellow fever, the glands externally become affected in the West Indies, especially the axillary and parotid, of which I have seen many similar examples in this country, but always in bad cases.

The word *pestis* was, in ancient times, used in various senses to express, in short, the existence of any epidemic which extensively prevailed under a serious character. In the time of Procopius, the meaning of it seems to have been first limited to that modification of fever in which bubo and carbuncle are apt to appear, and this is the sense under which it appears to have been generally employed since his time. Nevertheless some of the most experienced observers agree, that many cases of pestis occur either without the bubo or carbuncle, being then attended by petechiæ, which seem to be slight exudations of blood, in points, under the skin. In the time of the great pestis in London, the bubo, carbuncle, or petechiæ, seem to have been regarded as diagnostic signs by the searchers. Having in bad cases of continued typhus seen the axillary and parotid glands affected, having seen ill-conditioned boils on the surface, and being aware that petechiæ were not uncommon, I began to suspect that pestis and typhus were merely modifications of each other. From this period, I examined the surface more attentively, and since then have repeatedly met with cases, always severe ones, in which the bubo and carbuncle were distinctly marked, yet I have never found that such cases were communicable, either immediately by persons, or mediately by things. Moreover pestis arises from the same source as typhus, and assumes the same forms, that is to say, when traced under all its varieties, it is intermittent, remittent, or continued. One English author, from personal observation, has remarked this circumstance. My friend Dr. De Reider, an Austrian physician of great ability, who resided many years in Turkey, transmitted to me the result of his observations there, and he found that pestis arose primarily from malaria, and that sometimes it put on the intermittent, sometimes the remittent, and sometimes the continued character, appearing and disappearing in particular spots, just as typhus fever does in this country. Another medical friend who has visited Constantinople, has come to the same conclusion as to the original cause of pestis, and has been as remarkably struck with the similitude of it and of the typhus of this climate. Upon the whole, then, these facts appear to show the probable identity of yellow fever, pestis, and typhus fever, as already defined. The same conflicting, nay, confused testimony, exists respecting the contagious or non-contagious nature of yellow fever and pestis as of typhus fever. Whatever may hereafter be proved to be the case of the two former, by a more minute and dispassionate inquiry, than has yet been instituted, I can only repeat, that the more narrowly I investigate the facts in regard to the typhus fever of this country, even under its most aggravated aspects, the more I am inclined to doubt its contagious nature, and as to yellow fever and pestis, I am in possession of several striking facts, communicated by veritable persons, which certainly do appear quite irreconcilable with the doctrine of contagion. But as I have determined to leave my own mind open to the free admission of future evidence, so I must again recommend

you to investigate the subject, not for the sake of any favourite hypothesis, but solely for the sake of truth, the discovery of which is always useful, and the possession of which can alone satisfy a rightly regulated mind.

Viewing typhus fever under its most comprehensive signification, I may be permitted to say, that, by dint of industry, I have made some improvements, first, in having more distinctly exhibited its remote occasions, the knowledge of which will enable you to prevent its occurrence in many places, or stay its extension when it may appear; secondly, in having not only more minutely explored and detailed its morbid anatomy, but more clearly illustrated its internal pathology, which will enable you to perceive the various indications of treatment; and thirdly, in having fitted the remedies to the different forms and stages, which will enable you to apply an active, an intermediate, or a mild treatment, with more precision than has hitherto been laid down by medical writers. Indeed if you have fully comprehended the pathological and practical bearings of the doctrine of a congestive, simple, and inflammatory variety of fever—if you have fully comprehended the modifying influence not only of common and peculiar remote occasions, but of all those other particulars to which I have repeatedly adverted, as necessary to be considered in practice, you will be at no loss, into whatever climate you may be thrown, since you will have principles to guide you—principles which, in reference to the pathology and treatment of all febrile disorders, will not pass away with my brief existence, but which being true now, will therefore endure, essentially unchanged, through succeeding ages.

LECTURES
ON
PHRENOLOGY,
BY
DR. SPURZHEIM.

LECTURE 7.

[Dr. SPURZHEIM recapitulated briefly what he had said on the preceding evening, respecting the power of the love of approbation, and proceeded to make some general remarks on the powers situated in the occipital region.]

LADIES AND GENTLEMEN,

WE have now finished the functions of the parts of the brain situated in the occipital region. To judge accurately of the force of these powers I should say, look, in a general way, at the occipital region; see whether it is small or large, and you may know, by comparing this part of the head with the other, which will be most active; but to come more to particulars. To the occipital region, be attentive, and you will find the upper part more developed in some than the lower; there is a great difference in this respect between some nations, particularly between the English and French; you will find, generally speaking, in the English a greater mass of brain hereabout (the upper and back part) than you will in the French, the greater development of this region being, in them, at the lower part. A line being drawn from the ear to the upper and back part of the head, would show a larger radius than if carried horizontally backwards in the English, generally speaking, and the contrary in the French.

Now, without comparing one individual with another, the question is, in phrenology, whether such feelings are stronger than other feelings in the same person. To decide this, you must contrast the front with the back part of the head, and if you do not find the other organs developed in equal proportions, you may be sure that these will be more active than

the others. Again, if the other organs be not very active, and although the development should appear to be equal, these organs will generally be found to possess greater activity than others. If a man be of a nervous temperament, as it is called, he will be found to have these organs very active; then learn the influence of the whole mass of the brain.

Would you not, on looking at this head, seeing that the upper part of the occipital region is more developed than the lower, say, the love of approbation was pretty strongly marked in him? That was the fact. Seeing this head (showing another) might you not conclude, that the mind would show the love of approbation, in proportion to the other feelings, strong, since the upper part of the cerebral mass is largely developed? Not that this part is developed so as to form a protuberance, and I hope you all understand the distinction I made between a protuberance and development, because the neighbouring parts are also large; you see the love of offspring, and attachment to places, also large. In a general way we should say, that these parts were large in proportion to the other parts of the head of this individual, and therefore more active. (Several other casts were shown, to illustrate the subject, large and full in the upper part of the occipital region.) I should say then, that to estimate the powers situated in the occipital region, be attentive whether the base, the middle, or the upper region is most developed, because you find in some the base very narrow, in others the base very broad. Where the base is broad and the upper part contracted, you will see the lower propensities more active than the others. (Several casts were shown.) As to the individual parts, you will recollect their functions, as I have already mentioned them, but *I cannot speak here of action;* I repeat this because it is important. Now as to acquisitiveness, the wish to acquire, this is fundamental; but whatever we wish to acquire, to take possession of, depends upon a peculiar power different from that of acquisitiveness. Some men show a disposition to steal, to get unlawfully the things of others; some again will show a disposition to collect things about them according to their talents; some again show a talent to possess and to accumulate money; in all these persons the feeling of acquisitiveness is active, but the peculiar application of the feeling does not depend upon it.

Cautiousness.

I go now to new ideas. There are individuals who reflect sometimes well, and take at once a resolution to act, and there are others who can never come to a resolution, they think of doing something, but they do not act. Some are so hesitating, that it is almost impossible to get them to determine. Look at individuals who are careless, they will always say, if you advise them about any thing, "never mind;" and there are others who will always say, "take care;" and you will find, among scientific men, some who, in discussing any subject, will always have a "but." Look at such individuals and observe the part of the brain situated here about, in the midst of the parietal bones, and see whether such individuals will hesitate or act as soon as the feelings give the impulse. I have spoken, from the beginning, of certain feelings destined to give impulses to animals and to man, called propensities, and now I speak of feelings which modify the lower propensities, which modify their actions.

If you see individuals very narrow here, you will not find that they hesitate so much as persons who are very broad here (the middle of the parietal bones). What would you think of such an individual, (very broad in this part,) look at the head from behind forwards, and you will see that the head is very large here; try if you can get him to an immediate resolution, or whether he will not say, "let me reflect upon this." See what he will do. There are nations known for their cautionsness, and you will find great breadth in this part of their heads; there are other nations known for their levity; this has been known long ago; such are more flat in this part of the head. The man who does every thing cautiously is sure to be broad hereabout. In women you find this part large, and it seems that nature has given them this power to

watch over many of the other feelings with which she has endowed them, and you will find that the organ is broader in females, in proportion, than in men. If you reflect on what I stated before, you will remember that I said that the heads of men were broader, laterally, than those of women, and this is true, because the organs of courage and destructiveness are broader, but in speaking of this individual cerebral mass, the organ of cautiousness, it will be found broader in women than in men.

Certain animals have this feeling; they do not act as soon as the propensity impels, but pause and take care as to what they do. Look at the roe, being pursued he pauses, looks about him, acts with care, and then starts off; nature, probably, has given this power to animals, and in man we call it circumspection, from the Latin verb *circumspicio*, to look about. The fox acts differently; he does not start up and look about, but runs away to conceal himself. If you look at cautious animals, you will find this part of the head broader than in those which act with less care. Moreover, we find that certain animals place sentinels, and they are always broad in this part of the head. If you look at the hyæna, you will find this organ very little developed, and the same in the wolf, whilst in the roe and chamois it is very much so.

If this feeling be very predominant, then the individual becomes fearful, particularly if the lower feelings be but weak, so that if we speak of fear it must be combined with other conditions of the mind. Speaking of caution, I can speak of it alone, as it appears to be a fundamental feeling. From infancy you may observe, in some children, this feeling very strong, and if the feeling of courage be not active, they will always keep in the back ground and be timid, and you generally observe in such children this part predominant. Those who are of the melancholic temperament, and have been so from infancy, have this part largely developed, that is quite ascertained. These are the feelings which are common to men and animals, hence I have stated that, as far as these go, man is an animal. But man has great advantages over animals, because the different feelings I have spoken of are given to no other animal altogether, hence the great superiority of action furnished to man by having all these feelings congregated within himself, added to which there are many others of still greater importance, which will hereafter be pointed out. Some animals have a great love of approbation; our dogs and our horses show this; there is the love of approbation remaining the same fundamentally, but modified in its action according to the circumstances in which the individual is placed.

We come now to the upper region of the head, to the top—a part which deserves all the attention of phrenologists, and first we try to ascertain the proportion which the upper part of the brain bears to the lower. In looking at a head it is necessary, in order to arrive at this, to draw an imaginary horizontal line from the points I before described, so as to divide the head into two regions, and then you can compare them, and you will find that by far the greater number of persons have the base larger than the upper part. This is a fact; nobody can deny it. Go to nature, and you will be convinced of it; look at mankind generally, not confining your attention to those who attend to the sciences only; take both classes together, and compare the upper and front part with the occipital region and base, and you will find much more brain in the latter. Here are specimens (pointing to those on the table) in which you observe by far the greater number as I have described. If you find the upper region as large as the lower that is well, that is what we like in phrenology; we like to have the upper as large as the lower, perhaps it may not be so good an organization for the individual himself as for others. The delicate, soft, good feelings which we shall have to examine, have not strength enough when the animal feelings, which give energy to them, are wanting; if we have not courage, determination, self-esteem, and so on, little good is done. In comparing the species which possess the same superior feelings, we find that they derive a certain degree of energy from the lower. The lower

feelings may be larger, but provided that the upper are also well developed that will do.

In speaking of the superior cerebral parts, we come to a very interesting subject, and one which is also very difficult. I shall speak of a feeling which has been called moral and religious, as far as these feelings appear to be dependent on the cerebral parts. If we look at the productions of artists in ancient times, we shall find that they have given to the superior beings—beings celebrated for their moral and religious actions, very high heads. LAVATER has observed, that some persons who are bald are religious, but I do not say that every bald person is religious. However, if you look at the head designed by the ancient artists of the Saviour, you will see that it is very elevated, whilst the head of Judas is represented as quite depressed. (Casts were shown intended to represent the heads of these persons.) Which form would you like best of these; any one by intuition almost would give the preference to such a forehead (pointing to one very elevated). It is always agreeable to see the cerebral mass full in the upper part, but it must be compared with the base; and again, not only the elevation itself, but the surrounding development ought to be large, not elevated and tapering like a sugar loaf; we like to see not only a good elevation, but a good development in the circumference of the upper part. You know that I have stated already that I prefer breadth to elongation.

Benevolence.

We shall find the upper region the seat of the moral feelings. Study man from nature, and you will find that he is, from nature, a moral and religious being; he has feelings which invite him to listen to such considerations. If I speak of moral and religious feelings in phrenology, I do not speak of any determined application of them, I speak merely of the fundamental feelings. They may be applied in various ways, and the application cannot be seen in the head any more in the superior feelings than in the lower. It was an opinion formerly entertained by the adversaries of phrenology, that phrenology would be unfavourable to religion; but we know that truth can be dangerous to nothing; if we say only what we find, we can done injury. Every man, I say, has naturally that which disposes him to be a moral and religious being, but that many external circumstances may very much influence him; I am borne out in that assertion by phrenology, although I know there are some who think the contrary. As soon as we can show that certain cerebral parts are destined to such and such functions, that is all we can do. Hitherto philosophers have judged of mankind by their own feelings, and what they found in themselves they took as the standard or representation of mankind, and they have admitted that some individuals have these feelings weak, but shall we say that they are weak in all mankind? Phrenology does not say so, it says that they are more or less active in different individuals.

Before going into particulars, I wish to call your attention to some distinctions which I make between the two orders of feelings called moral and religious. I call that feeling *moral* which is given to mankind in order to direct his actions, in reference to other *beings around him*, particularly to his neighbours; whilst I call that feeling *religious*, given to man, which brings him into communication with *superior beings*—supernatural beings; and all conditions of that kind belong to the religious feelings. There are some persons who venerate very much superior beings, they have the fear of God always before them, and they will not do what they consider to be disagreeable to him, they would not do anything to offend him. There are others who pay great attention to morals, who wish to do good to every one, but, at the same time, are less inclined to believe in religious opinions. We see the greatest differences in mankind, and if phrenologists will be attentive, they will find great differences in the organization of such individuals. We observe that some children reason with their parents, and are afterwards inclined to admit and believe things, whilst others admit things to be as they are told them at once, and never reason. Some chil-

dren are very attentive to the lessons they receive with respect to other individuals, and again in others it is quite different. These are facts; every one must have observed them. Now we shall find that there are several feelings which influence our actions relative to other individuals, and that there are several feelings which lead to the adoption of religious opinions merely, as far as we are concerned with superior beings. We shall find that there is a peculiar organization in those who are much inclined to believe in a supernatural power, and in those who are less disposed to believe. We find in animals nothing analogous to this feeling called religious; but there are some animals who feel so attached to each other that they will place themselves in circumstances of the greatest danger, and even allow themselves to be killed to save others. No man can go further than this; we see the feeling of attachment as strong in animals as in man, but there is nothing in animals which gives any indication of their having any communication with superior beings. We have something in animals which shows a tint of that which we call benevolence and good heart. We find that among dogs there are some which are very kind to their masters and mild in their temper, and there are others very mischievous. There are some dogs courageous, but mild at the same time, and there are others courageous but very vicious. Look at such animals as are mild in nature and you will find that their brains are much more developed than in such animals as are mischievous. Look at two tribes of monkeys, the one tribe being good natured and the other vicious, and you will find the heads of one tribe more raised than the other, you never find a monkey with a little forehead good natured. (Skulls of monkies were shown.) The flatter the head the more vicious you will find them. The chamois is found to be more vicious than the roe. If you look at horses you will see some much more vicious than others. There is a less number of vicious horses in this country than in France; that is, among an equal number of horses in Paris and London, you will see a greater number of vicious horses in Paris. If you see a horse whose ears come out very much, appear to be much separated from each other, and who is at the same time flat upon the middle part of the head, you may depend upon it that there is more vice in that horse than in another where the part is elevated. (Two skulls of horses were then shown, which exhibited a striking contrast in this respect.) Is there any thing of that kind to be observed in man? It is common to speak of a good heart and a good head, we place the good feelings in the head, whilst the heart is made the seat of benevolence, affection, and so on; but in phrenology we are content with a good head.

Do you suppose that this feeling has been assigned to this part of the head by caprice or by reflection? It could be done by neither, it has been done only by experience. If you examine the head of a person who takes great delight in doing good to others, who is continually employing himself in framing schemes for their comfort, and so on, you may depend upon finding his head well developed in this particular part; whilst on the other hand, if you examine the head of a person and find it flat upon the top, "Oh!" he will say, "charity begins at home." (A laugh.) (Casts were shown.) This feeling is very strong in mankind, fortunately there is a great deal of natural benevolence in man in all countries; but I shall have to complain in my next Lecture of other feelings not being sufficiently active. Some few children are inclined to give what they have to others, they will give any thing—their toys or confectionaries, or any thing, and other children will not give a bit; they will say, "No, I will keep it myself." You may always find in the former the organ of benevolence very prominent. We have multiplied our observations on animals and on man, we may add a few more cases in illustration. If you observe the skulls we have here of Hindoos and Caribs, you will see these organs are more developed in the Hindoos than the Caribs, and that is in conformity with the history we have of these people. Benevolence would not be predominant in my opinion in such a skull as this, and I do not know that Robert Bruce was much celebrated for benevolence, but there

certainly is little of it shown in his skull. What are called kindness, benignity, compassion, hospitality, good nature, are so many modifications of this feeling, which I consider as fundamental. We may even see its influence on thieves; some there are who have this feeling pretty strong, but acquisitiveness much stronger, would rather steal from the rich than from the poor. This is the cast of a person who was the leader of a band of robbers, and he always prevented his companions from stealing from the poor. Some people steal from churches rather than from other places, and again, there are others who would never steal from churches. We must look first for the fundamental powers, and having made ourselves acquainted with them, we can go further, and observe their combinations, and the modifications produced by the action of one on the other. There is a fundamental feeling of benevolence which disposes us to be kind and agreeable to others; if we see a suffering being we are disposed, by this feeling, to assist him. This feeling is given to direct our actions in relation to other beings; if we had merely selfishness or attachment to offspring, or to our homes, and if we paid no attention to beings surrounding us, would society go on as it does? No, I am sure it would not; man's benificence would be confined to his personal friends, or his family connexions at most, and we should never see that disinterested liberality extended to mankind. Benevolence is the feeling which inclines us to act in obedience to that law which requires that we should love our neighbours as ourselves. I have now given you an explanation of what I consider a moral feeling, and the next time we meet I shall go to another feeling, which I consider also as fundamental, and which is evidently given to make man a religious as well as a moral being.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

REVUE MEDICALE—MARS.

Observations on penetrating Wounds of the Chest.

In the month of August 1823, a carpenter, twenty-six years of age, laid himself down on a bed with two of his companions, without taking off his clothes, and during the night he fell upon the floor, when a pointed file, which he had forgotton to take out of his waistcoat pocket, stuck into his chest and broke off, leaving a part sticking in the wound. A copious hæmorrhage ensued, which continued for two hours.

The respiration was at first very much disturbed, and the surgeon who was called applied lint to the orifice of the wound and kept it open. During the first month a bloody coloured serum issued from the wound, and the relief experienced was in proportion to the quantity discharged. In the next two or three months the patient constantly had fever, and although at first he could only lie upon the sound side, he was obliged afterwards to lie upon the wounded side. At the time the accident happened there was no bloody expectoration. Things continued in this state for some time, notwithstanding various demulcent medicines were used. The chest was not examined by percussion or *mediate auscultation*, so that the real state of the thorax was not ascertained. The patient returned to the country, where he thought his death was fast approaching. Towards the close of the year, having been ill more than four months, he could only breathe in the upright position, and the left leg and thigh had become completely œdematous. The kidneys continued to secrete as before, and throughout the progress of the disease the patient complained of no difficulty of making water.

As I had occasion, says M. Toulmouche, to pass near the dwelling of

this man, I called on him; I found him pale, emaciated, and exceedingly weak, scarcely able to respire; he had for some time kept his bed, and expectorated a large quantity of purulent matter. Toward the angles of the ribs, and between the ninth and tenth, a fistulous orifice remained, into which I introduced a sound obliquely, from below upwards, from before backwards, to a considerable depth. I had not a stethoscope with me, and could not therefore make an accurate examination of the chest. I made the patient promise to call on me, and in five days afterwards he came in a gig, although he was almost in a dying state.

Examination of the Chest by Percussion.

The left side furnished no sound, except at the anterior and upper part; the sound became altogether dull and dead at the lateral and inferior part. The upper third of the left side of the chest yielded a good sound on percussion, and the two lower thirds afforded none. On the right side, on the contrary, the sound was clear throughout. The intercostal spaces on the right side were rather wider than natural, and during the time that the mensuration of the chest was accomplished, the patient complained of great fatigue.

Examination of the Chest by Auscultation.

On the left side the respiration was only distinguishable below the clavicle, along the external edge of the upper third of the sternum, and along the upper part of the spine and shoulder blade. It was accompanied, during expiration only, by the mucous rattle, which was sonorous and brief. The voice resounded strongly from the same points of the chest; but it was not accompanied by the *tintement metallique*.* On the right side the respiration was puerile. The voice momentarily traversed the cylinder when applied near the spine.

Succussion. The patient, when shook by the shoulders, enabled you to hear distinctly at the distance of some inches, even by the naked ear, a decided fluctuation, like that produced by shaking a bottle half filled. The sound could of course be detected even still more distinctly, by the application of the cylinder. The heart was examined by auscultation, but it presented nothing very particular; its pulsations were rather quickened by the fever, but yet they were more distinct on the right side than the left.

Prognosis.

In consequence of the phenomena before mentioned, I gave the following prognosis. Adhesions of the left lung; the upper part of this organ free; abundant sero purulent effusion of the left side, with pneumo thorax; the heart in a natural state; tubercles in the right lung, with excavations. The patient was removed to the hospital, and soon afterwards died.

Necropsy, twenty-four hours after death.

The *thorax*. The left side was a little more protuberant than the other; the subject was placed upon his back, and when a scalpel was thrust into the chest at the distance of two inches from the sternum a quantity of air escaped from the left side of the chest. When the cartilages of the ribs were cut through and the ribs raised, the left lung was found adherent to the anterior and lower part of the chest, indeed all of it excepting the upper part; and the adhesions were so strong that it was with difficulty they could be torn through. Its tissue was perfectly crepitous on the fore and upper part. The pleura was covered on its costal and diaphragmatic surface by a thick false membrane of a greyish white colour, almost of the thickness of cartilage, and toward the orifice of the wound, was of a blackish colour, somewhat like decomposed fibrin, or like the sanguineous extravasation which occurs about a wound. The other parts of this false

* LAENNEC regards the *tintement metallique* as the proof of a communication between the pleura and bronchia; no such communication was observed in the dissection of this case.—Ed. L.

membrane were soft and villous, and covered by a thick layer of an albuminous exudation of a variable consistence, but for the greater part like that of soft cheese.

The cavity of the pleura contained about three pints and a half of a sero purulent liquid of a pale yellow colour, less thick toward the surface than at the bottom of the chest, where there were numerous albuminous flakes, soft and opaque. A canula had been introduced through the wound previous to the opening being made in the chest, and although it was introduced its whole length, it did not reach further than the base of the lung; it went through the false membranes, but did not penetrate the lung. The right lung was adherent to the pleura toward its upper part, and there were several tubercles in its tissue. The other parts of the body, the head, the abdomen, and heart were in a natural state.

The Olfactory Nerve.

M. MAGENDIE has lately reported to the Academy a pathological fact, in confirmation of his former opinion, that the *olfactory nerve* is *not* the *organ of smell*. BECLARD had a man under his care in the Hôpital la Pitié, in whom on dissection the anterior portion of the brain and olfactory nerves were found almost destroyed by ulceration, but who at the same time retained his sense of smell. He took snuff, and was quite capable of distinguishing its various qualities.

Appearance of a Medical Work in Turkey!

A medical work has made its appearance, the only one during 150 years, at Constantinople, it is a folio, of 300 pages, with 56 copper-plate engravings, on anatomy and medicine, entitled, "*Mirat el abd fi techrih azail*," by Chani Zadeh Mehemmed-Ata-Oullah, member of the religious and judicial order of the *oulema*. The Oulemites fill the offices of ministers of religion, of the laws, of equity, and have always endeavoured to crush the rising genius of the nation. It is not, therefore, a little surprising that a work on anatomy, physiology, medicine, and therapeutics, should be published by one of this fraternity. The substance of the work appears to be a translation from various French works. The author being a Mussulman, what he says on vaccination is very interesting; he gives its history, and insists on the many advantages it has over inoculation; he concludes by giving directions as to its use, and with some of the vaccine virus brought from the village of Aiaz-aga, many thousands have been vaccinated in Turkey.

On the employment of hot water in the cure of Gout and Rheumatism.

The following novel treatment has been proposed by M. Cadet-de-Vaux for the cure of Gout and Rheumatism; we recommend it to the perusal of our readers, both on account of its simplicity and *the ingenious manner* in which the "*modus operandi*" is endeavoured to be explained. It consists in the drinking, at intervals of every quarter of an hour, large quantities of very warm water,* during the *continuance* of the paroxysm. Dr. Buchassen, of Guise, has borne testimony to its efficacy in four different individuals, whose cases we subjoin.

CASE I.

The case of Macquigny, aged 60, of gouty parents, had been afflicted by various attacks of gout from the age of forty-five, but enjoyed between each pretty good health. Latterly, however, the paroxysms had been more frequent; and whenever winter approached his suffering was most acute, being regularly confined to his bed for six weeks or two months; his nights and days rendered sleepless, and the appetite all but gone. We can readily, therefore, conceive this wretched season passed in misery and suffering. Spring brought some alleviation. But still the loss of appetite continued even to an utter repugnance of all animal food. To so great an extent had the disease arrived, that the greater number of the joints of the fingers and toes had become anchy-

* Forty-eight tumblers full of warm water have been taken by one patient.

losed. All the usual remedies were tried, but in vain. Towards November 1824 he was a little recovered, and on endeavouring to celebrate mass he fell senseless at the foot of the altar; in that state he was carried home, and he recovered his faculties but to experience an aggravation of all his former symptoms. Warm water was now had recourse to,—on taking the eighth glass the pain became less; vomiting took place on administering the nineteenth. He succeeded, nevertheless, in the end, in swallowing the prescribed quantity. The kidneys were strongly acted on, perspiration broke out; he slept well, and the next morning the patient was on his legs. The appetite returned, with total absence of pain. In this state he continued until last February, when another fit occurred, which was treated in the same manner as before, and with equal success. On this occasion there was no vomiting, but a slight swelling of the joint of the left little toe, without, however, any pain. From that period to the present he enjoyed perfect health, and is quite ready to have recourse, for the third time, to the 48 glasses of warm water, if ever again he should be afflicted.

CASE II.

A patient complained of some rheumatic pains which confined him to his bed. I ordered four grains of tartar emetic in two pints of the infusion of orange leaves; a wine-glassful to be taken every two hours. The next morning I was informed the patient was very ill, and had some nausea at the stomach. On visiting him I found him quite immovable, and that he had decided rheumatic fever. The most painful parts were the left arm and right leg. I proposed the forty-eight glasses of water, which he consented to take. He drank this quantity in two hours; the kidneys acted in proportion to the fluid taken, and the same night he could sit beside his fire. The following morning he was cured, and has remained so ever since. Some chronic pains existed before the acute attack, which continued some little time afterwards.

CASE III.

A lady was for many months afflicted with sciatica on the left side. Leeches, blisters, and oil of turpentine were all employed, but with no benefit. This patient drank the forty-eight glasses of water in about twelve hours. On calling two days after, I learnt she was well, and had gone out, and it was two months before I again saw her, when she assured me, that from the time of her taking the warm water she had not felt the least return of the complaint.

CASE IV.

This case, which was that of a weaver, has not been so fortunate. The patient was about forty years of age, of a gouty habit, and had some stiffening of the joints of the fingers. I attribute the failure, in some measure, to the impatience of the patient, who drank the water when the pain was very slight. He voided little urine, and a sort of anasarcous swelling of the abdomen supervened. The next morning, however, these unpleasant symptoms had disappeared, but the man had no wish to recommence the drinks. This confirms the propriety of the remark of M. Cadet-de-Vaux, that the water ought to be drunk during the *paroxysm* of the gout or rheumatism.

In accounting for these facts, might I ask, whether this great quantity of fluid received into the digestive passages does not greatly excite the absorbents of these organs, the kidneys, and the cutaneous exhalants? That this action, kept up for 18 or 24 hours, removes that morbid action which was concentrated on the joints, on the ligaments and aponeurotic structures; and on the sciatic nerve in the neuralgia of that name. The caloric of the water acts as an irritant on the mucous membrane of the intestinal canal, the tendency of which is to increase its action, and consequently its absorbents. An action, influencing sympathetically the kidneys and exhalents of the skin. In short, it is when the paroxysm is at its height that the patient ought to drink the water, as it is a fact quite decided in the present day, that powerful stimulants can be applied to the mucous membrane of the stomach, with impunity.

An Inquiry into the seat and causes of Epilepsy. By BENARD.

On the 10th of December, at five o'clock in the evening, I was suddenly called to a child fourteen months old, labouring under violent and general convulsions. It had, previously to this attack, taken the breast as usual, ate, and appeared cheerful. At the moment I saw it, from the nature of the attack, such as convulsions with loss of volition, the frothy appearance at the mouth, the thumbs bent, &c., I pronounced it an epileptic fit. Supposing, as is very frequently the case, an overloaded stomach might be the exciting cause, I had an emetic administered; after its operation, the child fell into a comatose state, accompanied with stertorous breathing. The night and next day (17th) were passed without any particular change; the child sucked, and rested quietly in bed; the pulse rather quick, and the eyes prominent.

18th. In the night the child was observed to be grinding its teeth, towards morning it became stiller, the pulse tense and vibrating, and tongue clean; it took the breast with an appetite. Placing the finger on the anterior fontanelle, the cerebral arteries were found violently throbbing. On the 19th, the child brought up a large round worm, and from this time it grew worse. I had before directed my treatment to the head, I now altered it to the stomach and intestines.

20th. The epileptic convulsions returned with greater violence, the bladder became paralysed (the penis had been constantly half erect since the 18th), the heart's contractions violent, and pulse not to be counted. In the course of the night the child died. The spine was laid open from the sacrum to the occiput, the dura mater had, here and there, a few red spots, the traces of inflammation becoming more distinct on advancing towards the brain; at the base of which, in a space occupying about four or five inches, a small quantity of greenish coloured pus was interposed between the arachnoid membrane and the dura mater. The dura mater of the brain was thickened, opaque, injected, and adhered in many places so firmly as to prevent its detachment. Between the meninges was a layer of greenish purulent matter. The ventricles contained little or no serum. The cerebral sinusses were gorged with black liquid blood. The cerebellum *softened and diffluent* at its base. The abdominal viscera remained in a natural state.

The author of this article has observed, in more than twenty cases of this kind, the cerebellum thus peculiarly affected, and he has not the slightest hesitation in affirming that this part is the seat of the disease in almost all instances. In the severer attacks, more especially of young people, he has always observed the head bent backwards, with a retention more or less complete of the urine, and the semi-erect state of the penis.

Violent animal passions may be ranked among the most powerful exciting causes of epilepsy in the adult state; more particularly those connected with the function of generation.

To the Editor of THE LANCET.

SIR,—On the ground of being a constant reader of your valuable publication, I take the liberty of addressing a line to you, on a subject which has frequently occasioned great loss of time to the Borough students. The grievance I complain of is the want of regularity observed by the surgeons of Guy's Hospital in their hours of visiting the wards. One of these gentlemen attends most punctually, twice a week, at the time he appoints, and the pupils are thus never disappointed; but another, who has no regularly fixed time, has, day after day, week after week, kept us in expectation, taking the air in the court, perhaps for more than an hour at a time before he enters the wards, and then often omits his visit altogether, deferring it until the following day. You, who are aware of the various avocations of a medical student, will not, I am sure, consider this complaint as "frivolous and vexatious." By its insertion you will highly oblige,

Sir, your obedient servant,
STUDIOSUS.

Borough, May 11, 1825.

MR. ABERNETHY'S RENEWED APPLICATION TO CHANCERY.

This motion did not take place as it was expected on Tuesday last, but it is peremptorily appointed for THIS DAY. Mr. BROUGHAM'S anticipated appearance in the Court of Chancery has created a very great sensation, and, in all probability, the Court will be crowded at an early hour.

For the gratification of MESSRS. BRODIE, STANLEY, & Co., we repeat our former declaration, that WE ARE CONFIDENT OF SUCCESS.

DR. ARMSTRONG'S OPINIONS ON CONTAGION.

To the Editor of THE LANCET.

SIR,—The Author of the articles, in the Westminster Review, on *Contagion and Sanitary Laws*, requests that you will correct a misstatement which has appeared in your last number, (Saturday May 21st,) which number has this moment been put into his hands. In a notice prefixed to Dr. Armstrong's 26th Lecture, it is stated,—1. That the lecture about to be reported "embraces the facts and opinions" contained in the articles in the Westminster Review; 2. That this lecture was delivered by Dr. Armstrong "four years since;" and, 3. That the Westminster Reviewer derived his information from this lecture. The two first propositions may be true, or they may be false; the Westminster Reviewer knows nothing of the correctness of either. The last proposition is wholly false. There is not a single fact, reason, or illustration contained in the articles of the Westminster Review for which the author is indebted to Dr. Armstrong, so far as he is capable of ascertaining the source of his information. It is true that the Westminster Reviewer did, about two (not four) years ago, attend some of Dr. Armstrong's lectures; but he by no means attended the course regularly, and whether he heard that on typhus fever or not he is unable to recollect. The fact, however, is certain, that the only impression which remained upon his mind, either from those lectures or from any other source connected with Dr. Armstrong, was, that Dr. Armstrong *doubted* of the correctness of the common notions relative to the contagious nature of fever; but he even then did not know, nor does he now know, whether Dr. Armstrong has formed a positive opinion on that subject; neither did he know, nor does he now know, a single fact or a single argument on which Dr. Armstrong's doubts or convictions, whichsoever they may be, are grounded.

London, May 25.

To this intemperate, injudicious, and extraordinary letter we shall reply by a brief statement of facts, and the fault is not ours if this should be found to stand in direct opposition to the assertions of the WESTMINSTER REVIEWER.

Dr. ARMSTRONG'S lectures on Typhus Fever, which have appeared in THE LANCET, were carefully revised from notes of 1823, 24, and 25, and we have learnt from good authority, that they were substantially the same the year before the first-mentioned period. These lectures, indeed, have been heard by hundreds of pupils, to whom we could appeal for the accuracy of our reports. We know, therefore, what were the facts and opinions advanced by Dr. ARMSTRONG on this subject for some years past. The Westminster Reviewer acknowledges that he attended some of Dr. A.'s Lectures *two years since*, but strangely

enough asserts, that he *does not recollect whether he attended those on Typhus Fever*, which lectures, it is well known, have for some time past excited great interest in the medical world, and have drawn together crowds of students and practitioners from all parts of the metropolis. Now it so happens, that the Westminster Reviewer (who has avowed himself) is well known about the theatre where Dr. Armstrong lectures, and we can assist his memory by telling him, that *he did attend the lectures on Typhus Fever*; that he sat attentively during the whole of the time occupied in their delivery, and *apparently made notes*; all this too occurred many months previous to the appearance of the articles in the Westminster Review. When we first perused those articles, we were surprized to find that they contained many of the facts and opinions, similarly arranged, which we had previously, in company with the Reviewer, heard delivered by Dr. Armstrong; nor was the surprize we felt confined to ourselves, for we have heard it strongly expressed by others who attended Dr. Armstrong's lectures on the same subject.

Having presented our readers with this impartial statement of facts, and we can give more if necessary, we leave it for the Medical Public to determine, whether we were not justified in those observations which we thought it our duty to make in a former number of our journal.

To the Editor of THE LANCET.

SIR,—I have perused with much pleasure a letter signed "A Dresser of St. Bartholomew's," published in your interesting and useful work of Saturday last, because I trust it will call your attention to the subject of which it treats, namely, the abuses and impositions practised at St. Bartholomew's Hospital. Being connected with that Institution, Sir, I have read *The Lancet* regularly and with anxiety, hoping that you would take the mal-practices of that Hospital into consideration, in common with some others in this Metropolis, and for which you have done so much good (through your valuable publication) by exposing the abuses, &c. under which they laboured, and by which means a great improvement has been effected.

Permit me, Sir, to mention a few of the grievances of which I complain, and to which my brother dresser (although unknown) as your Correspondent has directed your notice. You will remember, Sir, that in December last you published a letter directed to you, and signed "Veritas, St. Bartholomew's Hospital." Through this I became acquainted with a regulation materially affecting the Dressers of that Institution. Although I was a pupil at that time I knew nothing of it, neither should I have interested myself so much as I have done since, had I not engaged a dressership and felt my rights infringed on; for, Sir, why should the Surgeons of any hospital take so large a fee from the Student for a mere *sinecure*, as I have since proved to my great grief this situation to be?

But, Sir, on complaining of these regulations to the Surgeons, the answer was, "Oh, say nothing about it, they will be rescinded shortly." Are they rescinded? No; they still exist, to the no small annoyance of those who are unfortunate enough to be influenced by them. All that the Student has an opportunity of improving himself in, is the art of applying a bandage, phlebotomy, extracting teeth, &c. all which he *can* master before his apprenticeship terminates.

When I engaged my dressership I expected to have an opportunity of

MR. ABERNETHY'S RENEWED APPLICATION TO CHANCERY.

This motion did not take place as it was expected on Tuesday last, but it is peremptorily appointed for THIS DAY. Mr. BROUGHAM'S anticipated appearance in the Court of Chancery has created a very great sensation, and, in all probability, the Court will be crowded at an early hour.

For the gratification of MESSRS. BRODIE, STANLEY, & Co., we repeat our former declaration, that WE ARE CONFIDENT OF SUCCESS.

DR. ARMSTRONG'S OPINIONS ON CONTAGION.

To the Editor of THE LANCET.

SIR,—The Author of the articles, in the Wesminster Review, on *Contagion and Sanitary Laws*, requests that you will correct a misstatement which has appeared in your last number, (Saturday May 21st,) which number has this moment been put into his hands. In a notice prefixed to Dr. Armstrong's 26th Lecture, it is stated,—1. That the lecture about to be reported "embraces the facts and opinions" contained in the articles in the Westminster Review; 2. That this lecture was delivered by Dr. Armstrong "four years since;" and, 3. That the Westminster Reviewer derived his information from this lecture. The two first propositions may be true, or they may be false; the Westminster Reviewer knows nothing of the correctness of either. The last proposition is wholly false. There is not a single fact, reason, or illustration contained in the articles of the Westminster Review for which the author is indebted to Dr. Armstrong, so far as he is capable of ascertaining the source of his information. It is true that the Westminster Reviewer did, about two (not four) years ago, attend some of Dr. Armstrong's lectures; but he by no means attended the course regularly, and whether he heard that on typhus fever or not he is unable to recollect. The fact, however, is certain, that the only impression which remained upon his mind, either from those lectures or from any other source connected with Dr. Armstrong, was, that Dr. Armstrong *doubted* of the correctness of the common notions relative to the contagious nature of fever; but he even then did not know, nor does he now know, whether Dr. Armstrong has formed a positive opinion on that subject; neither did he know, nor does he now know, a single fact or a single argument on which Dr. Armstrong's doubts or convictions, whichsoever they may be, are grounded.

London, May 23.

To this intemperate, injudicious, and extraordinary letter we shall reply by a brief statement of facts, and the fault is not ours if this should be found to stand in direct opposition to the assertions of the WESTMINSTER REVIEWER.

Dr. ARMSTRONG'S lectures on Typhus Fever, which have appeared in THE LANCET, were carefully revised from notes of 1823, 24, and 25, and we have learnt from good authority, that they were substantially the same the year before the first-mentioned period. These lectures, indeed, have been heard by hundreds of pupils, to whom we could appeal for the accuracy of our reports. We know, therefore, what were the facts and opinions advanced by Dr. ARMSTRONG on this subject for some years past. The Westminster Reviewer acknowledges that he attended some of Dr. A.'s Lectures *two years since*, but strangely

enough asserts, that he *does not recollect whether he attended those on Typhus Fever*, which lectures, it is well known, have for some time past excited great interest in the medical world, and have drawn together crowds of students and practitioners from all parts of the metropolis. Now it so happens, that the Westminster Reviewer (who has avowed himself) is well known about the theatre where Dr. Armstrong lectures, and we can assist his memory by telling him, that *he did attend the lectures on Typhus Fever;* that he sat attentively during the whole of the time occupied in their delivery, and *apparently made notes;* all this too occurred many months previous to the appearance of the articles in the Westminster Review. When we first perused those articles, we were surprized to find that they contained many of the facts and opinions, similarly arranged, which we had previously, in company with the Reviewer, heard delivered by Dr. Armstrong; nor was the surprize we felt confined to ourselves, for we have heard it strongly expressed by others who attended Dr. Armstrong's lectures on the same subject.

Having presented our readers with this impartial statement of facts, and we can give more if necessary, we leave it for the Medical Public to determine, whether we were not justified in those observations which we thought it our duty to make in a former number of our journal.

To the Editor of THE LANCET.

SIR,—I have perused with much pleasure a letter signed "A Dresser of St. Bartholomew's," published in your interesting and useful work of Saturday last, because I trust it will call your attention to the subject of which it treats, namely, the abuses and impositions practised at St. Bartholomew's Hospital. Being connected with that Institution, Sir, I have read *The Lancet* regularly and with anxiety, hoping that you would take the mal-practices of that Hospital into consideration, in common with some others in this Metropolis, and for which you have done so much good (through your valuable publication) by exposing the abuses, &c. under which they laboured, and by which means a great improvement has been effected.

Permit me, Sir, to mention a few of the grievances of which I complain, and to which my brother dresser (although unknown) as your Correspondent has directed your notice. You will remember, Sir, that in December last you published a letter directed to you, and signed "Veritas, St. Bartholomew's Hospital." Through this I became acquainted with a regulation materially affecting the Dressers of that Institution. Although I was a pupil at that time I knew nothing of it, neither should I have interested myself so much as I have done since, had I not engaged a dressership and felt my rights infringed on; for, Sir, why should the Surgeons of any hospital take so large a fee from the Student for a mere *sinecure*, as I have since proved to my great grief this situation to be?

But, Sir, on complaining of these regulations to the Surgeons, the answer was, "Oh, say nothing about it, they will be rescinded shortly." Are they rescinded? No; they still exist, to the no small annoyance of those who are unfortunate enough to be influenced by them. All that the Student has an opportunity of improving himself in, is the art of applying a bandage, phlebotomy, extracting teeth, &c. all which he *can* master before his apprenticeship terminates.

When I engaged my dressership I expected to have an opportunity of

prescribing for a certain number of surgical patients, and to have had them solely under my care, (of course subject to the inspection of the principal surgeon,) but, Sir, instead of this opportunity of applying to practice the principles of the profession, I find that I cannot order a leech for a patient unless it is sanctioned by one of the House Surgeons. I cannot attend to an accident of ever so trivial a nature until seen by the House Surgeon (that is, if he does his duty); in short, we are straitened on every hand; and, I would ask, Sir, to whom are we to attribute this *cramp* upon the exertions of the industrious and aspiring student?—Could the Surgeons have been *even* accessory to such regulations? If, indeed, that was the case, then it is plain that it is a mere traffic carried on by *them*, of which *they* reap the sole benefit and advantage.

Again, Sir, I have to complain of the neglect and indifference shown by the Surgeons towards the Pupils during their visits, and here I am proud to exempt Mr. Lawrence. As to Mr. Abernethy, there is a something indescribable about him, which forbids us putting a single question during his visits at the hospital; even his own dressers appear dumb before him.—Sometimes, it is true, we have the old story from him about blue pill and the digestive organs, but, Sir, I would ask, are all cases alike? or, can we cure all surgical cases by such means?

I am afraid that I have exceeded the bounds of prudence; but I have only one word more, it is in corroboration of the statement made by your Correspondent, in his letter before alluded to, respecting the gross imposition of sixpence on every pupil attending a post-mortem examination at the dead-house. Yes, Sir, it is worse than that, he pays for every body examined at that time, and the Dressers are not free from this tax when inspecting the bodies of their own patients—*Proh pudor.*

I do sincerely hope, Sir, that you may, by exposing these things, produce a reformation at St. Bartholomew's Hospital.

I am, Sir,
Your humble Servant,
25d May, 1825. R. N. G.

ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Having observed the good effects that have resulted in the Apothecary's shop of this Institution, from your hints at the manner in which the patients' wine has been consumed, I beg to trouble you with the following:—

The Apothecary of St. Thomas's Hospital has the power of appointing whatever druggists he pleases to supply the Hospital, and he gives them orders just as he likes; if they please him, they come off well, and *vice versâ* and if he chooses, although arising from some private quarrel or pique, he dismisses them at his pleasure. Ought not the druggists to be appointed by the committee, instead of the apothecary appointing his own friends, and, in that case, would not the Hospital be better served, as it is the Apothecary's duty to see that the drugs are good and reasonable in price, circumstances which a man can hardly be expected to be very strict about with his friends, when he is not the loser by such neglect? Or would it not be still better, to buy all the drugs by SAMPLE, *without favour*, as is done at Apothecaries' Hall, where the owner of the samples is not known until the purchase is completed?

ARGUS.

May 16, 1825.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Considerable exertions are making by the treasurer and surgical officers of this establishment to get things in order for the ensuing winter campaign. The staff has been considerably augmented; instead of having only *three* surgeons as formerly, or more correctly only *one*, we have now *five* effective men, who, armed with scalpels

lancets, and tenacula (quere *tentacula*), cut a very formidable appearance. What figure the three *ninnies* will make against such a force may be easily imagined; they have already begun to cry out that they expect to suffer a loss in the *materiel*. It may be necessary to explain how this accession of numbers was occasioned. Sir Astley, since the *fracas* at St. Thomas's, has exerted his influence to support Mr. Bransby, and in order to insure his appointment as surgeon to Guy's, kindly hinted that he would step *out* if his nephew might be allowed to step *in*. The hint was enough, the Treasurer (Mr. Harrison) and Sir Astley soon negociated the affair, and Mr. Bransby was forthwith proclaimed surgeon. But there is generally something to mar the peace of *domestic arrangements*, and it was feared that a gentleman who had presented himself as a candidate for the last vacancy might take it into his head to beat up the quarters of the Governors, and kick up a dust; so to dispose of that matter very quietly, it was agreed that an *assistant surgeon* was necessary, and that it would be good policy to pop the rival into the vacant niche thus purposely made. The trap succeeded; Mr. Calloway was declared to be a duly qualified person for the office, and elected accordingly. Mr. Calloway must expect to wait a long time before the Gazette of Guy's will announce his *promotion*.

Three large convalescent wards are building at the south of the Hospital, toward Sutton-street, and the row of paltry houses at the back of the street are to be pulled down, so as to afford a good open space in front of the new wards. In addition to these, an anatomical theatre and dissecting room are being erected to the south-west of the present Lunatic Asylum. The area of the Theatre appears to be just the same size as that at St. Thomas's and it is to be finished before October.

Whatever the dissentions may have been among the present Lecturers and the aspirants to such *summi honores*, we have good reason to believe that the *surgical practice* of the two Hospitals will *not be divided*. The physicians of St. Thomas's have taken advantage of the commotion, and have been successful in putting in their claim to the right of lecturing, a *right* of which we consider they have been long unjustly deprived, for the sake of protecting the indolent and old-fashioned medical Lecturers of Guy's. We understand that Dr. Elliotson and Dr. Williams will commence courses of Lectures on the Practice of Physic and Materia Medica in October. We have not yet learned if there are to be any Chemical Lectures.

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Operations.

The amputation of a leg was performed on Tuesday by Mr. Morgan; the circular incision was made in very good style, and the operation was conducted in a neat manner.

A child, about three years of age, was brought to the hospital almost in a state of suffocation, having, from the account of the mother who accompanied it, swallowed a small bean, or rather having got it into the trachea. Mr. Key was called to the child, and decided that it was a fair case to try what could be done by an operation. Instead, however, of set-

ting about the operation immediately, a considerable time was allowed to elapse, so that by the time the incision was commenced the child was almost in *articulo mortis*. The integuments covering the trachea were divided about an inch in length, from between the bottom of the thyroid gland to the sternum; the hæmorrhage was profuse, the cavity made was repeatedly filled with blood, and without waiting for this hæmorrhage to cease, or taking any proper means to suppress it, the trachea was cut through; indeed so much time had been lost that to wait was to allow the child to die, and to proceed was to suffocate it. A curved probe was introduced and passed toward the epiglottis, but no bean could be felt; the bean, or whatever else it might have been, having got below the opening made. The child gave a gasp or two, blowing the bloody froth through the wound, and expired. The operation did not appear to be undertaken with confidence, and it was performed, very contrary to Mr. KEY'S usual manner, in a very bungling way.

Case of fungoid disease of the Hip.

Mary Sullivan, ætatis 30, admitted into Dorcas's Ward May 18th, under the care of Mr. B. COOPER, with fungoid disease of the hip; her previous habits were temperate and regular. She first perceived a tumour in the part about nineteen months ago, since which time it has rapidly increased to its present magnitude; it extends from the crista of the ilium to a little below the insertion of the gluteus maximus, and to the perinæum below. There is considerable pain and tenderness on pressure; the integuments are healthy, and the veins are in an enlarged state; there are two ulcerations on the under surface, from which there is a considerable discharge; also a periodical discharge of blood every three weeks, to the extent of a pint; the pain is much increased about three or four days previous to the discharge of blood; her general health is not much disturbed; pulse regular, and the menstrual discharge has ceased since the commencement of the disease.

Before she was admitted into this hospital she had been in the London Hospital for about nine months; the plan of treatment there seemed to be merely palliative, for she only took occasional doses of opium, and had two issues made. She was directed to take the following mixture:—

Inf. serpent. lbss.
Liq. amm. subcarb. gr. xx.
Tinct. opii, gr. x. M. ft. *mist. cujus.*
Ager. capiat coch. mag. ij. *quartâ quâque horâ.*

℞ *Pil. hydr.*
Pulv. rhei aa gr. ijss. M. ft. *pil. o. n. sumend.*

23. The mixture was directed to be continued without the opium, and on the following day she complained of much pain.

Case of Exostosis of the Tibia.

W. Morgan, ætatis 16, admitted into St. Luke's Ward May 18, under the care of Mr. MORGAN, with exostosis of the tibia, commencing just below the tubercle and extending to within four inches of the ancle. (A tailor by trade.) His general health is good; pulse regular, tongue clean, and bowels open. He states that about twelve months ago he first perceived a small tumour; it increased slowly, for about four months, to the size of a hen's egg; it then increased rapidly for about seven months, till it reached its present size, which is of considerable magnitude; it has remained stationary for the last month.

The only treatment adopted since he has been in the house has been the application of a cold lotion to the part; the skin covering the tumour is of a natural appearance, and there is considerable pain on pressure.

Sir A. COOPER saw him, and advised an incision to be made through the integuments, the periosteum to be dissected back, and the tumour left to exfoliate.

The only operation of importance performed here this week was the removal of the hand by the double flap operation by Mr. KEY.

The accidents admitted are fractures of the clavicle, os humeri and internal condyle, os humeri alone; contusion of the thigh and leg, with injury to the knee; lacerated leg; retention of urine; hernia; paraphymosis; a severe case of scald; there are also three cases of fatal accidents:—1st. J. H., ætatis 54, admitted into Accident Ward, May 26, with fracture and depression of the os frontis, just above the external angular process, with a small wound occasioned by an iron pipe of about 17 cwt. passing across the chest, and striking the temple; when admitted, he was totally insensible; stertorous breathing, dilated pupils, slow labouring pulse, and considerable ecchymosis of the eye-lids. Mr. KEY enlarged the external wound, raised the depressed portion of bone, and removed three detached pieces of bone; the patient died at three o'clock the following morning. 2nd. A child having swallowed a bean before described; and 3d, a person who was run over by a waggon laden with sugar; she had a fracture of the radius, and one of the ribs of the left side broken, with the spleen broken to pieces.

There have been also admitted cases of fractures of the ribs, the inner condyle of the humerus, the lower jaw, the femur and the olecranon, a contusion of the thigh, a lacerated foot, injury of the patella, and scalded foot.

ST. THOMAS'S HOSPITAL.

J. C. admitted under the care of Mr. TYRRELL, for a laceration of the hand from the explosion of a powder flask, which tore the thumb and metacarpal bone, from the os trapezium leaving it only attached to the hand by the extensor and flexor tendon; it also lacerated the integuments covering the radius. Mr. T. removed the thumb; the radial artery had been secured before he came to the Hospital, and the patient is now doing very well.

The same day Mr. GREEN passed two ligatures through the external carotid and internal maxillary arteries to arrest hæmorrhage occasioned by the destruction of their coats by carcinomatous ulceration. The patient died the following morning.

The other operations are amputations below the knee by Mr. TRAVERS and Mr. TYRRELL.

The accidents admitted since our last report are—a simple fracture of the fibula and patella, with a laceration of the foot and knee; a fracture of the tibia near the ancle, with a comminuted fracture of the fibula; a fatal fracture of the cranium of a child, an injury to the face, and a fractured finger.

On Tuesday evening a case of lacerated wound of the hand, occasioned by its being caught in some machinery, was brought in. The fore-finger was broken off at the first phalanx and the integuments of the back of the hand much torn. The stump of the fore-finger was removed.

ST. BARTHOLOMEW'S HOSPITAL.

May 23.—Robert Accam, æt. 74, hale constitution, was admitted into Baldwin's Ward, with a rupture of the cornea and protrusion of the iris on the right side, in consequence of a blow from a cricket ball; his pulse was 80, full and strong; headache. Cold cloths were applied, and some purgative medicine given (no local depletion!)

24.—Increased pain in the head and eye; pulse 90; cupped to ʒxij.

25.—Pain in the eye diminished; pulse 80; increased and altered secretion (apparently) from the lacrymal gland; great turgescence of the vessels of the conjunctiva; cold cloths continued.

26.—Pulse 65; painless; tongue white; bread and water poultice applied; no evacuation from the bowels to-day!

27.—Pulse 90, strong, wiry, and hard; tongue white and furred; no evacuation from the bowels!! purgative glyster administered; *no effect*; a cathartic was given every four hours; and saline medicine with the tartarized antimony every six hours; bowels freely opened.

28.—Pulse 85; more natural; tongue covered with a slice of Abernethy's 'leather breeches';* pain in the head subsided; slept well; the eyelids and face tumid and of a livid colour; bowels open.

29.—Pulse 70, rather full; tongue much the same; had house medicine given him; tumour of the eyelids and face greatly subsided; doing very well under his present treatment; the eye however is irrecoverably gone.

The accidents admitted this week have been, four dislocated shoulders; two fractured thighs; a broken leg; fractured patella; dislocated radius and ulna outwards; fractured jaw; and a man falling from a scaffold, having received a wound from a spike in his thigh.

The man operated on last week for cataract is going on well. The lens is in progress of absorption; but the sight is the same as it was previous to the operation. Mr. LAWRENCE operated on the child for stone, on Saturday last; the case is doing well. The other operation was amputation above the knee of a female aged 38, having from her infancy been subject to the formation of chronic abscesses in different parts of her body. About eight or nine years ago, having struck her leg against an iron scraper, a sore formed, which gradually degenerated into the state it assumed previous to the operation. The ulcer having three openings into it, and situated deeply on each side of the tibia; divided in front by an arched portion of that bone; the cavity beneath being about two inches in extent; from it there flowed a thin brown discharge mixed with pus. It was thought, previous to the operation, that necrosis had taken place; especially as the woman said, a large piece of bone had been removed. As the complaint had been of such duration, and her general health so greatly deranged, she was advised to submit to its removal. Mr. VINCENT performed the operation, and the woman is doing very well. The leg having been since examined, the disease proves not to have been necrosis, but ulceration, and there appears to have been no attempt at reparation.

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* This is a common expression of Mr. ABERNETHY's, to denote a furred state of the tongue.

MIDDLESEX HOSPITAL.

Within the last week, but few cases of interest have been admitted, and the accidents have been most'y unimportant. A few days since, a poor

man was brought into the Hospital who had been knocked down by a carriage, the wheels of which passed over his head; he lived but a short time after his admission; upon examination after death, a very extensive fracture was found at the base of the skull.

ST. GEORGE'S HOSPITAL.

Dennis Broderick, ætat. 35, was admitted 20th May into Oxford Ward, with fractured spine. On examination, the injury was found to be about the seventh and eighth dorsal vertebræ; here there appeared to be a displacement, and a hollow between the spinous processes large enough to receive the finger. The accident happened yesterday, having fallen from a scaffold 25 feet in height; he was instantly taken to the Hospital. He has partially lost the powers of sensation and voluntary motion of the lower extremities, complains of much pain near the injured part, respiration very difficult, performed chiefly by the action of the muscles of the thorax. The patient has voided no urine spontaneously, neither has the alimentary canal been acted on. Tongue furred, pulse 76, urine drawn off by a catheter. On further examination, the left clavicle was found fractured about two inches from the scapulary extremity, which being reduced, the figure of 8 bandage was applied. A senna draught to be taken immediately.

Mr. JEFFREYS then ordered that 14 ounces of blood should be taken from the back as near the injury as possible, by means of the scarificator and cupping glasses.

22d. Passed a restless night, the bowels not having acted, the nurse was desired to repeat the senna draught. Passed his urine by the catheter at 4 p. m. He was ordered a dose of house physic, which brought away a large quantity of feculent matter. 10 p. m. had a common enema, which assisted the operation of the senna.

23d. He has passed a comfortable night, and is this morning much better; the belly being before somewhat tense, is now much abated and free from pain. Pulse 86; tongue clean.

24th. Has not had so good a night; complains of tightness in the chest, with pain in the situation of the injury, and great difficulty of breathing. Passed no urine but by the catheter; the bowels have not acted this morning; tongue coated with a thick fur in the centre, but clean and moist on the edges.

26th. Can draw his lower extremities up towards the abdomen. Yesterday morning, the house surgeon passed a flannel bandage around the chest, which has very much diminished the emphysema; he has great pain in the lumbar region; the urine constantly dribbles away, to the great annoyance of the patient. Last night he took the following draught:—

℞ *Haust. salin.* ℥iss.
Magnes. sulph. ℥i.
Vin. tart. antimon. gtt. xxx.—M.

Tongue furred; pulse 98.

Enema. com. statim.
V. S. ad ℥ xiv.

28th. Incontinence of urine, and fæces. No cough; breathing less difficult; still complains of pain in the lumbar region, and lower part of the abdomen. Passed a bad night.

℞ *Pulv. ipecac. c. gr. xv.*
Hora. som. sumend.

31st. The urine and fæces still pass involuntarily; sloughing of the sacrum. Mr. JEFFREYS ordered a gum elastic catheter to be kept constantly in the bladder, and a poultice to be applied over the sacrum.

The principal accidents received this week are—a fracture of the tibia and fibula and a dislocation of the radius.

In addition to the accidents mentioned, a case of compound fracture of the tibia has been admitted into Princess Ward, and a few other cases of minor importance. No operations have been performed this week.

Want of room compels us again to postpone our notice to Correspondents.

POISON.—By the new method of removing Poisons from the Stomach with READ'S PATENT SYRINGE, the operation is performed in less time than by any other Instrument, and without *shifting*, *changing*, or *turning* any part of the apparatus. The Instrument is made in Brass, Silver, or plated, and fitted up with Canister for injecting Tobacco fumes, with Glasses for cupping and drawing the Breasts, and with flexible Catheters for injecting the Bladder; and is so portable as to be contained in a small Pocket Case.

Sold by J. Reid, 30, Bridgehouse Place, Newington Causeway, Southwark.

N. B.—Directions for the new operation are given in the Pamphlet that accompanies the Instrument.

In a beautiful foolscap volume, price 9s., with numerous Engravings, designed by Corbould and others,

THE ART OF BEAUTY; with the best Means of preserving and improving the Shape—the Figure—the Complexion—the Eyes—the Lips—the Teeth—and the Hair; with numerous Receipts for Comestics, Hair Oil, &c.; and, the History and Theory of Beauty.

London: printed for KNIGHT and LACEY, Paternoster-row.

Just Published, by LONGMAN and Co.

AN ESSAY ON CURVATURES AND DISEASES OF THE SPINE, to which the Fothergilian Gold Medal was awarded by the Medical Society of London in May last. By R. W. BAMPFIELD, Esq. Surgeon to the Royal Metropolitan Infirmary for Diseases of Children, &c.

By the same Author, Second Edition of PRACTICAL TREATISES ON TROPICAL AND SCORBUTIC DYSENTERY, INDIGESTION, SCURVY, &c. as they occur in the East and West Indies, &c.

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